

06-18-01

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06/14/01  
Jc682 U.S. PTO

Approved for use through 10/31/2002. OMB 0651-0032  
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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Jc682 U.S. PTO  
09/882703

06/14/01

CLAIMS AS FILED - PART I			SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$ 355		\$
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*	x \$	=	x \$	=
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*	x	=	x	=
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+	=	+	=
			TOTAL		TOTAL	

\* If the difference in column 1 is less then zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II						SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	=	x \$	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	=	x	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	=	+	=
						TOTAL		TOTAL	

AMENDMENT B						SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	=	x \$	=	
Independent (37 CFR 1.16(b))	*	Minus	***	=	x	=	x	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	=	+	=	
					TOTAL		TOTAL		

AMENDMENT C						SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	=	x \$	=	
Independent (37 CFR 1.16(b))	*	Minus	***	=	x	=	x	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	=	+	=	
					TOTAL		TOTAL		355

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.  
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number		
	Filing Date		
	First Named Inventor		
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	29	Attorney Docket Number	

PTO  
U.S.  
06/14/01



ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>PATENT SPECIFICATION ASSIGNMENTS DECLARATION</b>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	ANTHONY MATULEWICZ
Signature	<i>Anthony Matulewicz</i>
Date	06/13/2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 06/13/2001			
Typed or printed name	ANTHONY MATULEWICZ		
Signature	<i>Anthony Matulewicz</i>	Date	06/13/2001

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